



## Invo Multidisciplinary Program to Address Childhood Trauma (IMPACT)

**INVO**  
healthcare

**Progressus**  
THERAPY

# IMPACT

## INVO Multidisciplinary Program to Address Childhood Trauma (IMPACT) Teams

**Adverse Childhood Experiences (ACEs)** as defined by the Center for Disease Control (CDC)

**Abuse:** physical, sexual, psychological

**Neglect:** emotional, physical

**Household Dysfunction:** substance abuse, divorce, mental illness, witness to domestic violence and household incarceration

### Why IMPACT?

**URGENCY** - The ramifications of NOT addressing ACEs, specifically when present at a high level in a given child can be catastrophic

**CAPACITY** - Targeting and supporting Tier 3 students = school and district staff to reallocate needed support and focus to the other students at each site

**CUSTOMIZED** - Wide service delivery reach focuses on students ages 5 – 18 and specific district needs

**VALIDATED** - Research 1 University program development and review

**RESULTS** - Treating the root of behaviors = Improves overall student outcomes

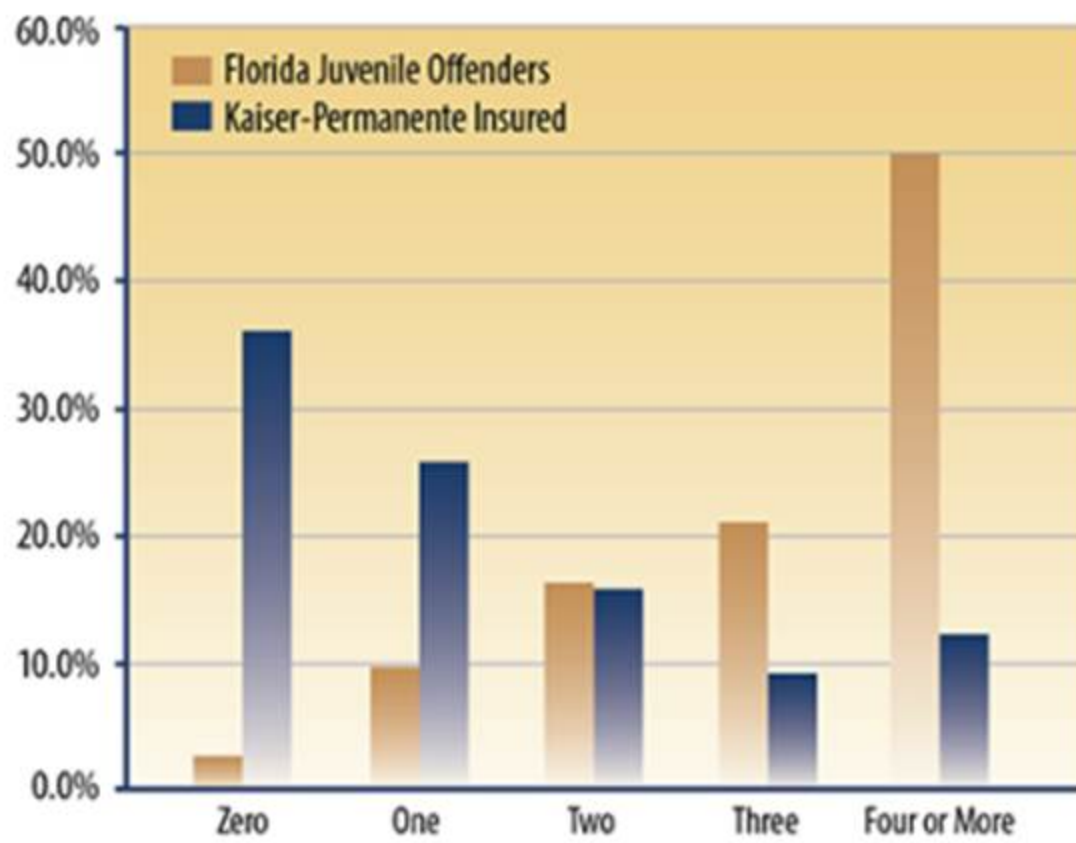
### Probability of Outcomes

Given 100 American Adults

33 No ACEs	51 1-3 ACEs	16 4-8 ACEs
<u>WITH 0 ACEs</u> 1 in 16 smokes 1 in 69 are alcoholic 1 in 480 uses IV drugs 1 in 14 has heart disease 1 in 96 attempts suicide	<u>WITH 3 ACEs</u> 1 in 9 smokes 1 in 9 are alcoholic 1 in 43 uses IV drugs 1 in 7 has heart disease 1 in 10 attempts suicide	<u>WITH 7+ ACEs</u> 1 in 6 smokes 1 in 6 are alcoholic 1 in 30 use IV drugs 1 in 6 has heart disease 1 in 5 attempts suicide



# ACEs in the Florida DJJ Population



Of incarcerated youth in Florida, 50% have 4+ ACEs where the CDC study found 12.5% of the sample population; 2% have zero ACEs while the CDC Study had 35%



# IMPACT

## Standard Team Structure & ACEs

Licensed Clinical  
Social Workers



Licensed Mental  
Health/Substance Abuse  
Counselors

Registered Behavior  
Technicians

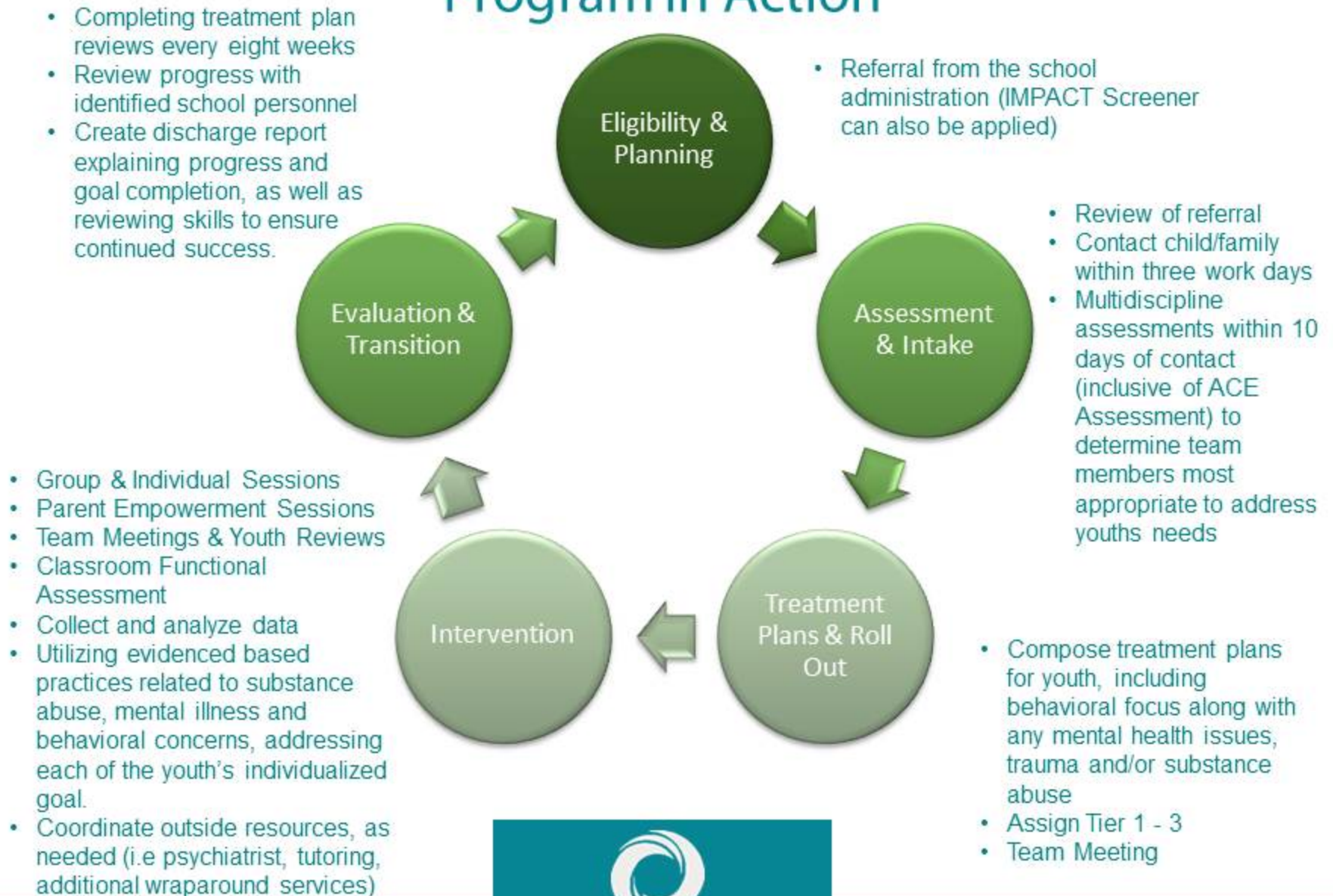


Board Certified  
Behavior Analyst

ACE Indicator/Intervention	LCSW	LMHC/SAC	BCBA	RBT
Emotional Abuse	X	X		
Physical Abuse	X	X	X	X
Sexual Abuse	X	X		
Neglect	X	X	X	X
Separated Parents/Divorce	X	X		
Witness to Domestic Violence	X	X	X	
Family Illness (Mental and Medical)	X	X		
Incarceration	X	X	X	X
Death	X	X	X	X
Substance/Alcohol Abuse	X	X	X	X



## Program In Action



# IMPACT and School Safety

- The State of Florida, after the tragic shooting at Marjory Stoneman Douglas High School in Parkland, Florida, passed SB7026 which mandated and funded the delivery of “evidence based mental health care treatment” inclusive of:
  - Provision of mental health assessment, diagnosis, intervention, treatment, and recovery services to students with one more mental health or substance abuse diagnosis and students at high risk for such diagnosis
  - Coordination of services with primary care provider and other mental health providers involved in the students’ care



## IMPACT and School Safety (cont.)

- IMPACT has been selected as the program of choice for over 85,000 youth throughout 10 counties (many of the largest) students in the State of Florida
  - Services include:
    - Early Warning Indicator Screening
    - Mental Health and Substance Abuse Assessments
    - Mental Health and Substance Abuse Treatment Planning
    - Treatment Plan Reviews
    - Psychological and Behavioral Interventions in Individual and Group Sessions



# IMPACT Implementations

- In addition to the supports to FL SB7026, IMPACT has also been selected as the psychological and behavioral intervention for:
  - Nine (9) circuits throughout the Florida Department of Juvenile Justice (including 5 of the 6 largest in the state) for youth on probation or community supervision
  - Chronically low performing schools in Community District 300 in Illinois
  - Jefferson County Public Schools, FL
  - Duval County Public Schools, FL
  - Select schools in Henderson, NV





# INDIVIDUAL CHILD DATA

# Individual Child

## KW – 3<sup>rd</sup> Grade

### **Reason for Referral:**

Verbal aggression (threats to kill teachers and students)  
Physical aggression (assaulting teachers and students)  
Suicidal Ideations  
Lack of academic engagement and work completion

### **Trauma History:**

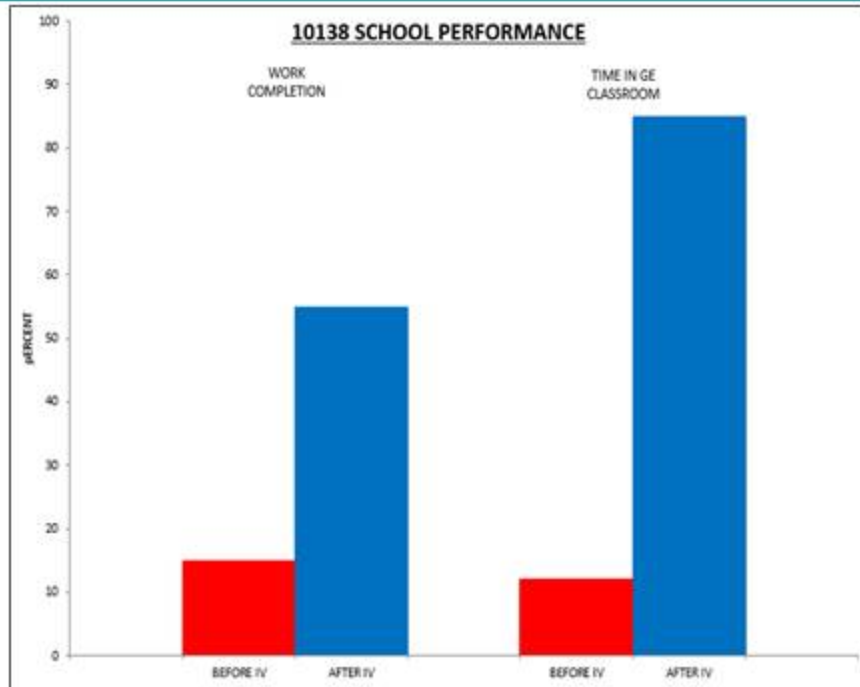
#### **ACE Score: 7**

Separation of parents  
Father's incarceration and inconsistent presence in his life  
Extended loss of family members to death and homicide  
2 siblings that struggle with behavioral and mental health issues  
History of emotional abuse  
Potential history of physical abuse (not confirmed)  
Mom works 2 jobs to financially support the family

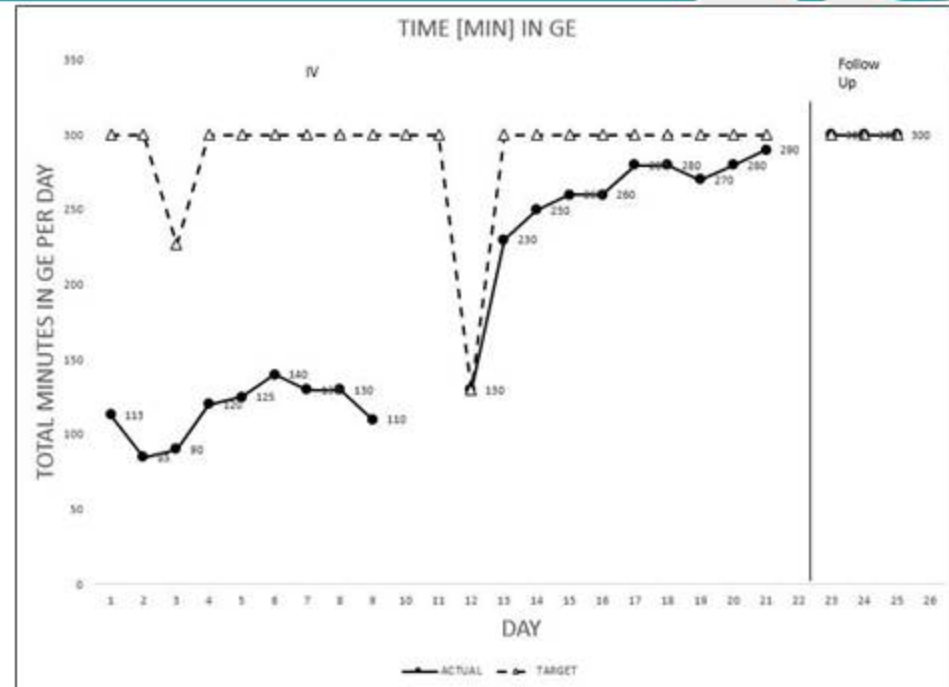
### **Current Diagnosis:**

Disruptive Mood Dysregulation Disorder

# Individual Child KW – 3<sup>rd</sup> Grade (con't)

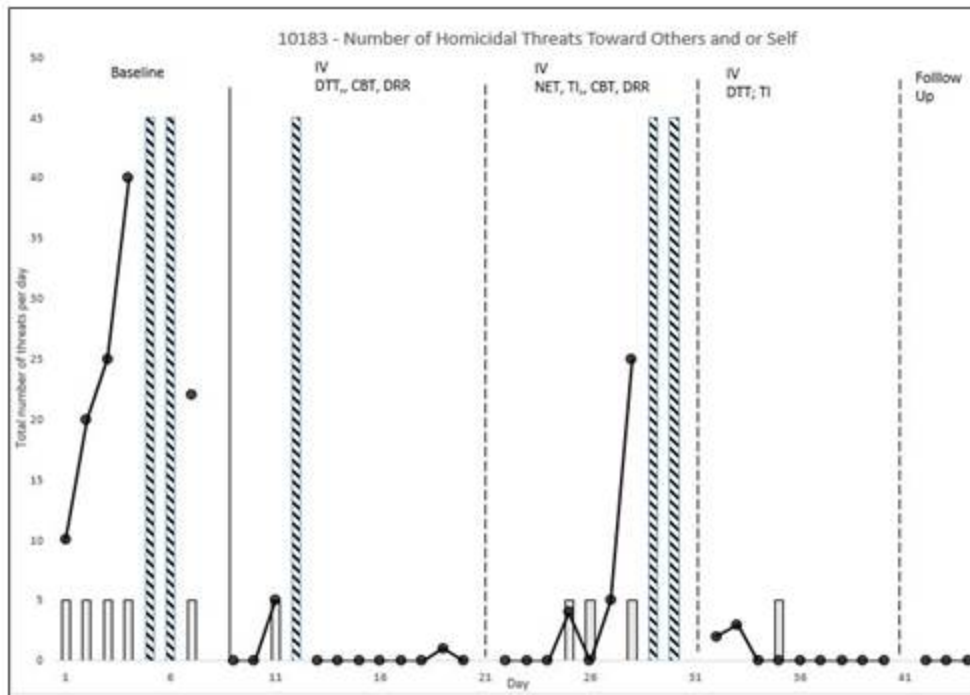


- Work completion throughout the duration of intervention increased from 15% to 55% (an increase of 267%)
- Time in the general education classroom increased from 10% to 85% (an increase of 750%)

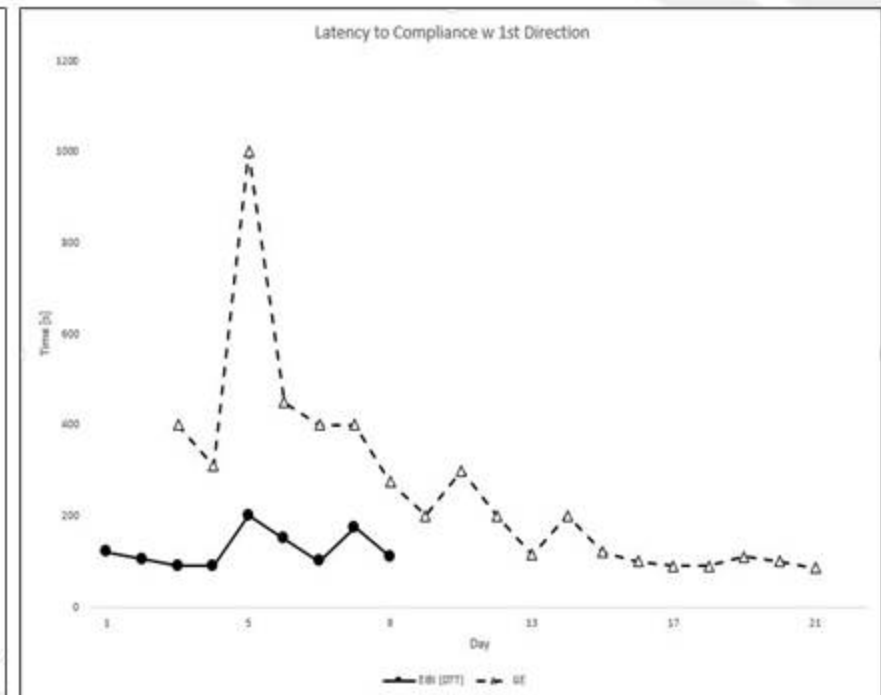


- The chart shows the amount of time KW spends in the general education setting on a daily basis (300 total available minutes)
- Time not spent in GE includes indoor suspension, assistant principal intervention, referral to IMPACT staff in lieu of suspension, etc.
- He is now spending the entire day in his class without the need for isolation or referral for behavior intervention
- A follow up two months later demonstrated that the skills and outcomes are maintained in the general education setting without additional intervention

# Individual Child KW – 3<sup>rd</sup> Grade (con't)



The reduction of threats per day ranged from 15 – 40, and are now consistently down to 0. A follow up two months later demonstrated that the skills and outcomes are maintained in the general education setting without additional intervention



This graph shows a measurement of how long it took KW to start following directions after the first direction is given. The dark line represents the data from our 1:1 instruction. The dotted line represents his progression which is now comparable working with his one on one, which is now comparable to his typical peers.

# Individual Child

## KC – 5<sup>th</sup> Grade

### **Reason for Referral:**

Difficulty with concentration and task completion social skills  
Lack of academic work completion in classroom  
Consistent truancy referrals for poor attendance  
One hospitalizations in the past five months for behavior  
Prescribed powerful psychotropic medications

### **Trauma History:**

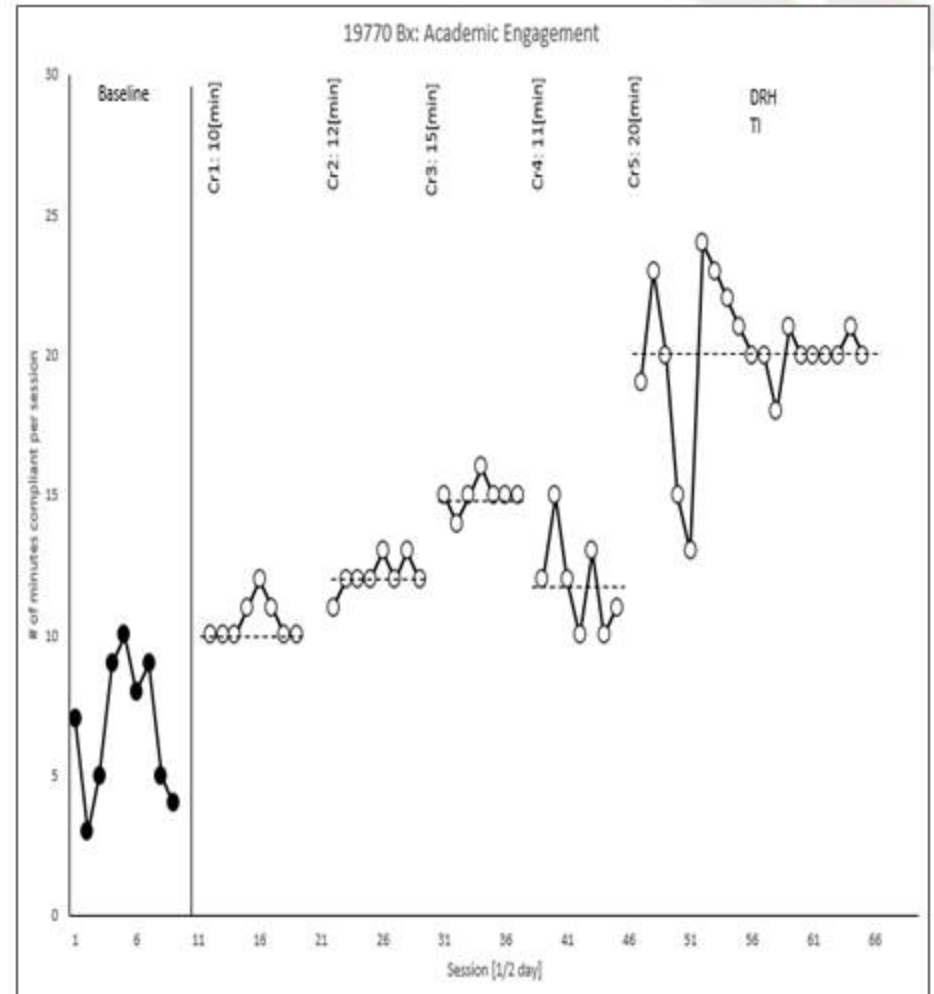
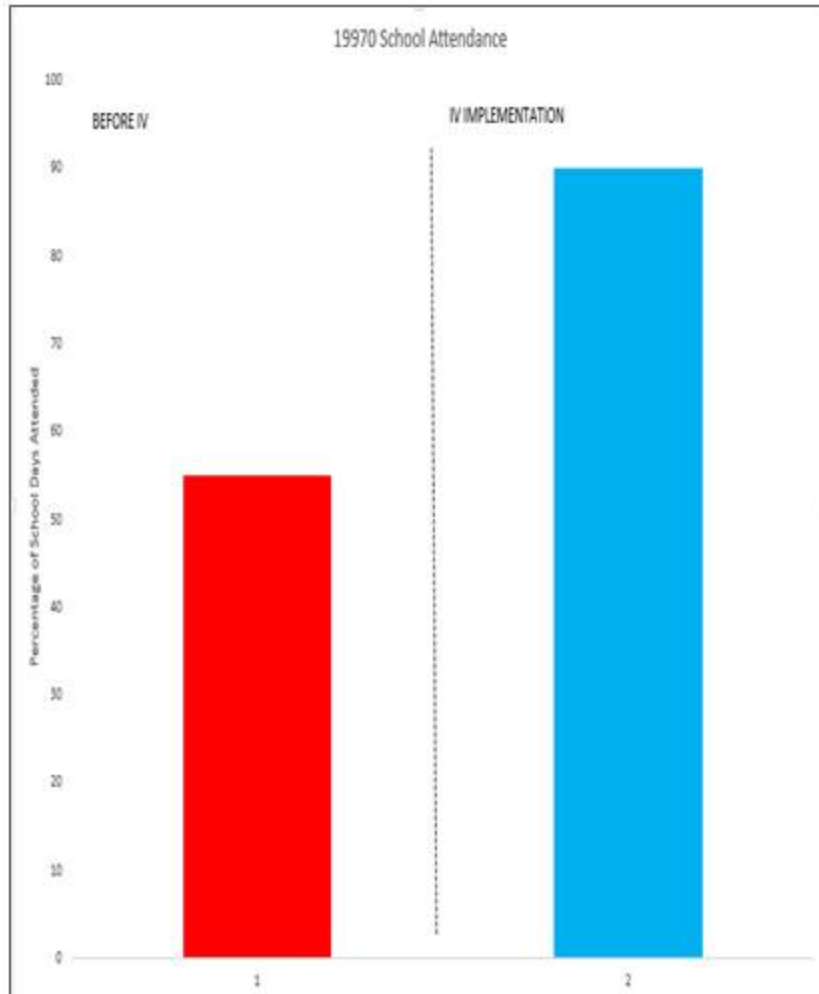
#### **ACE Score: 6**

Father's arrest, incarceration, and is a registered sex offender  
Witnessing the slow death of his mother due to illness  
Victim of sexual abuse  
Poverty  
Now lives with his grandmother, who has dementia

### **Current Diagnoses:**

Disruptive mood dysregulation disorder (DMDD)

# Individual Student KC – 5<sup>th</sup> Grade



# Individual Child MS – 3rd Grade

## **Reason for Referral:**

Difficulty with concentration and task completion  
Poor impulse control  
Marked difficulty in socializing with others  
Lack of academic work completion in classroom  
History of behavioral and emotional difficulties  
History of self harm  
History of being bullied by others at school

## **Trauma History:**

### **ACE Score: 5**

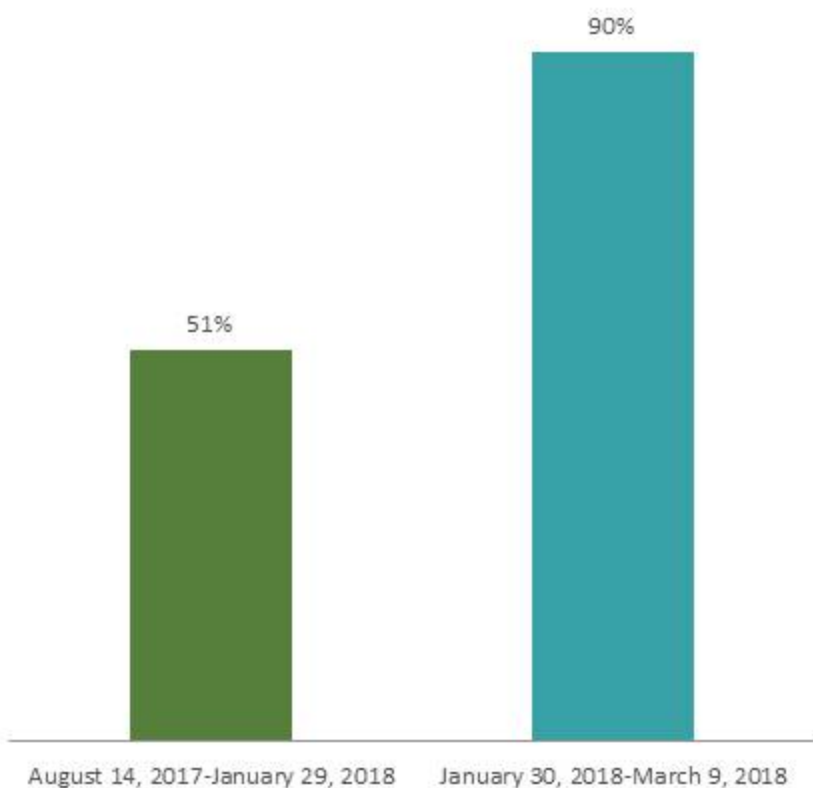
Birth mother not involved in life- substance abuse and incarcerations  
Father has a history of substance abuse and anger control issues  
Separation from biological siblings and family members  
Taking medications “inconsistently”  
Family resides with paternal grandmother  
Unstable emotional state of caregivers in the home

## **Current Diagnoses:**

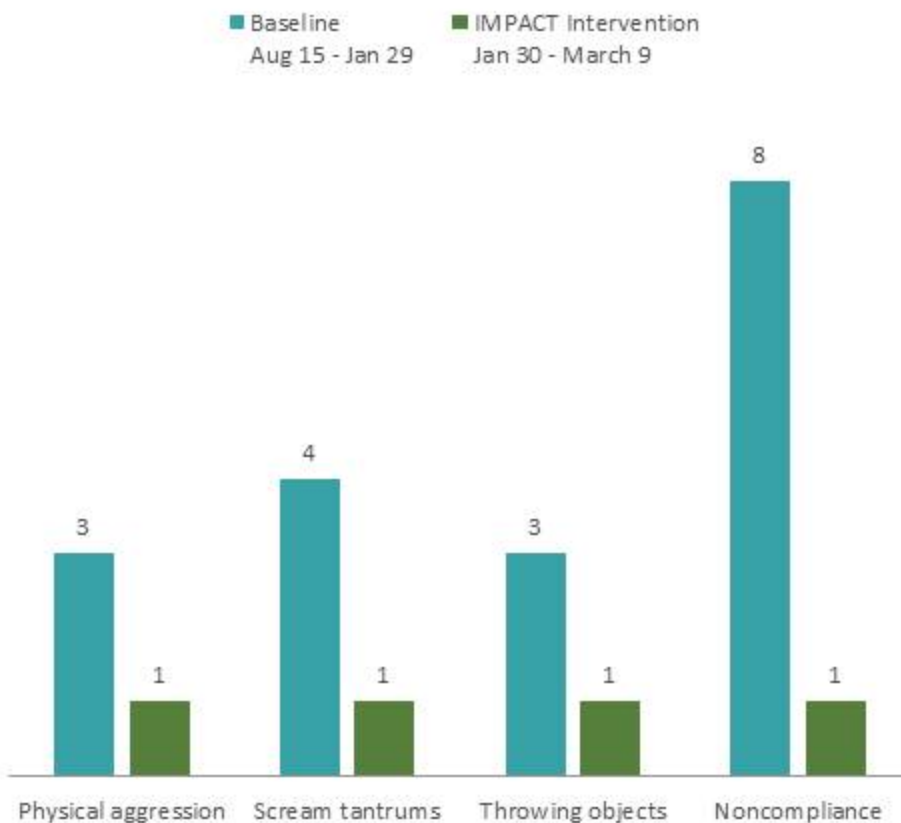
ADHD- Primarily Inattentive  
DMDD  
Specific Learning Disorder with Impairment in written expression, math, and reading

# Individual Child MS – 3rd Grade (cont.)

## Academic Engagement



## Behavior Related Incidents





# Individual Child

## TW – KG

### **Reason for Referral:**

Problem with transitions  
Sleep disruptions  
Lack of academic engagement and work completion  
Excels in reading but not in math  
Aggressive-wants to be “in charge”  
Taking medications (Adderall and Melatonin)

### **Trauma History:**

#### **ACE Score: 5**

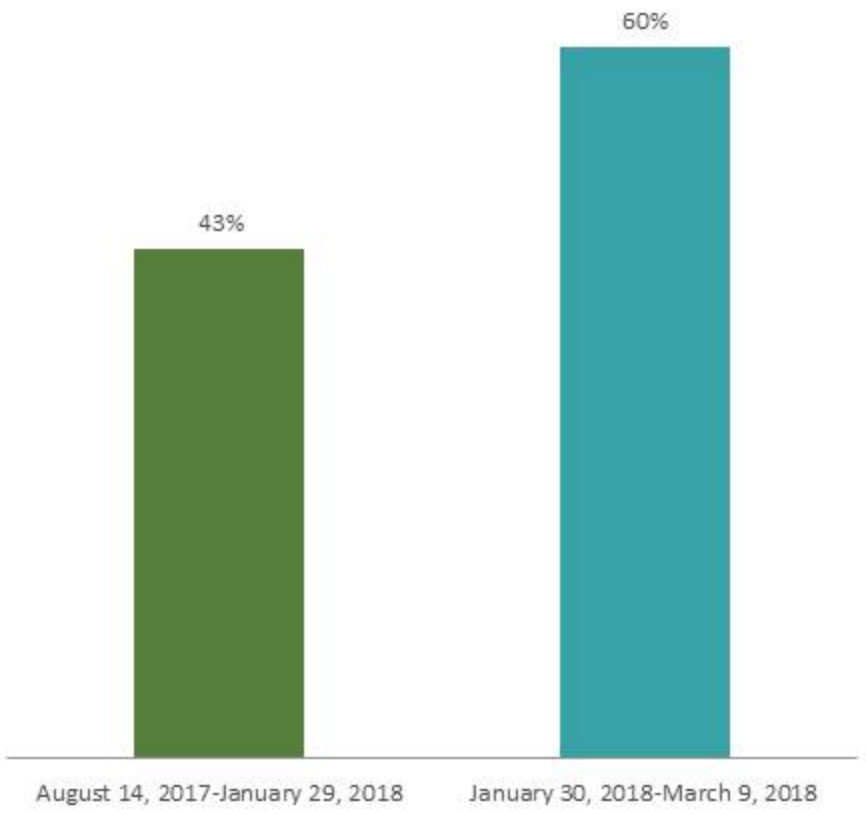
Separation of biological parents  
Relocation with mother and step-father (recent marriage)  
2 siblings that struggle with behavioral and mental health issues  
History of emotional abuse

### **Current Diagnoses:**

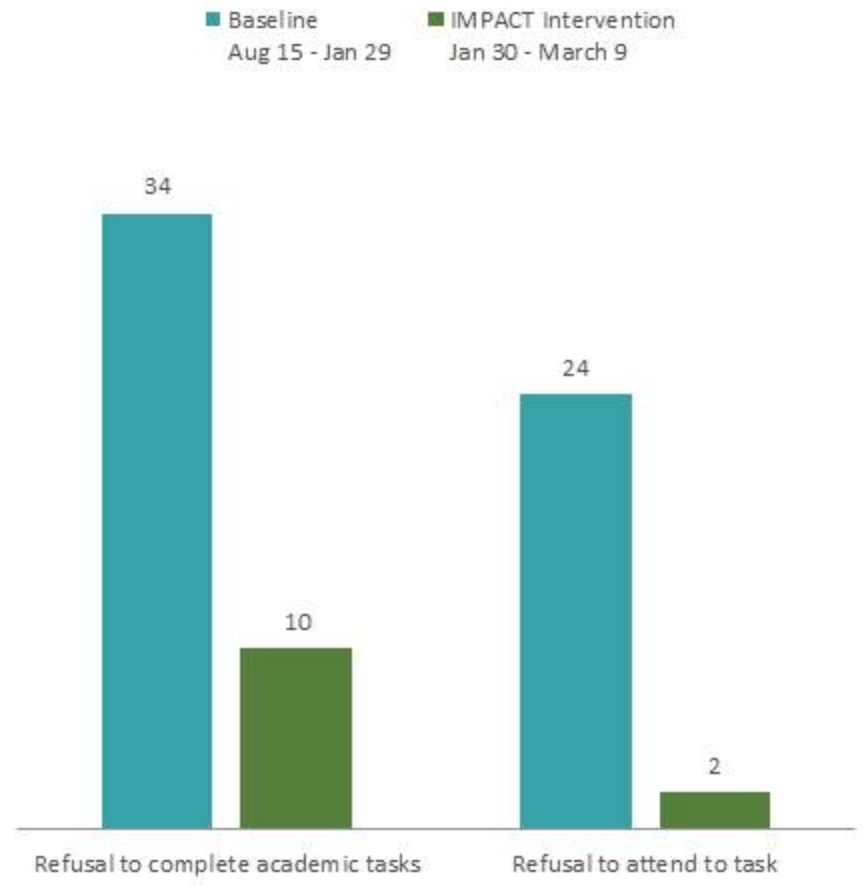
ADHD with mixed and disruption in conduct  
Sleep disturbances (rule out night terrors)

# Individual Child TW – KG (cont.)

## Academic Engagement



## Behavior Related Incidents



# Individual Child

## AH – 10<sup>th</sup> Grade

### **Reason for Referral:**

History of violent behaviors and anger problems  
Verbal threats and aggression when angry toward peers  
Inappropriate engagement with female peers  
History of several Baker Acts due to violent behaviors  
Not taking psychotropic medications

### **Trauma History:**

#### **ACES Score: 8**

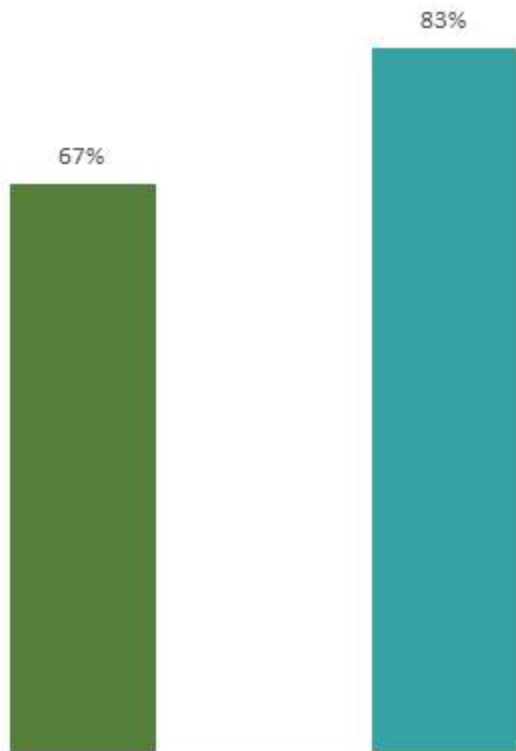
Separation of biological parents  
Father's deceased  
Father abusive to all family members  
Resides with maternal grandmother  
Distant and strained relations among mother, stepfather, and student

### **Current Diagnosis:**

Oppositional Defiant disorder  
Intermittent explosive disorder  
ASD (Aspergers' disorder)

# Individual Student AH – 10<sup>th</sup> Grade

## Academic Engagement

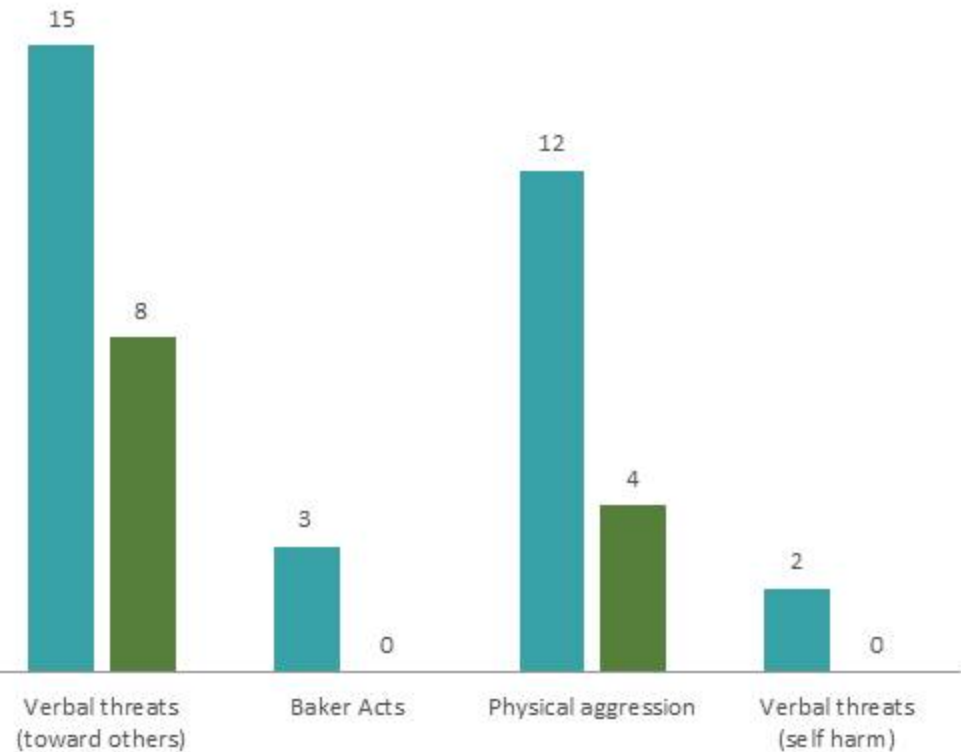


August 14, 2017-January 29, 2018      January 30, 2018-March 9, 2018

## Behavior Related Incidents

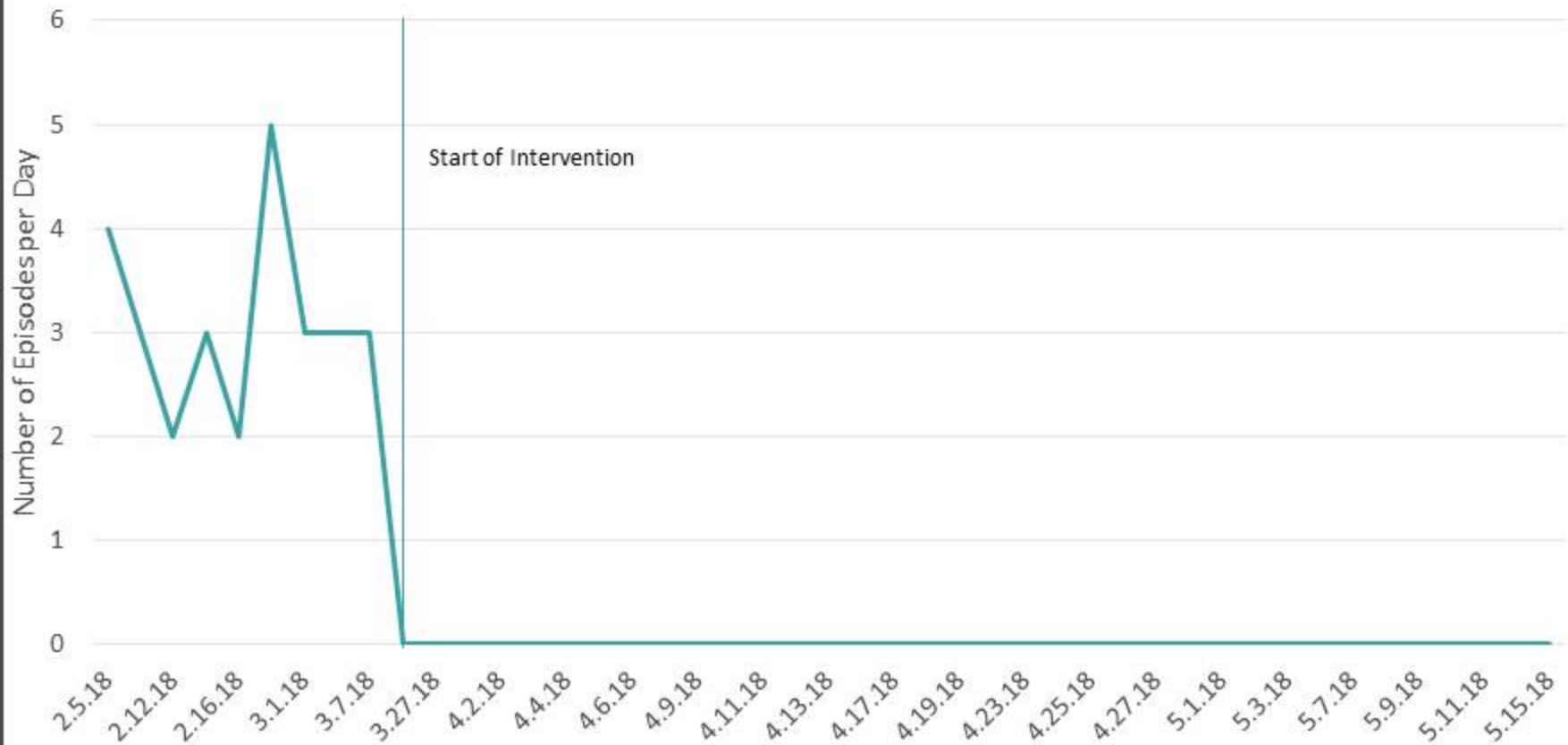
■ Baseline  
Aug 15 - Jan 29

■ IMPACT Intervention  
Jan 30 - March 9

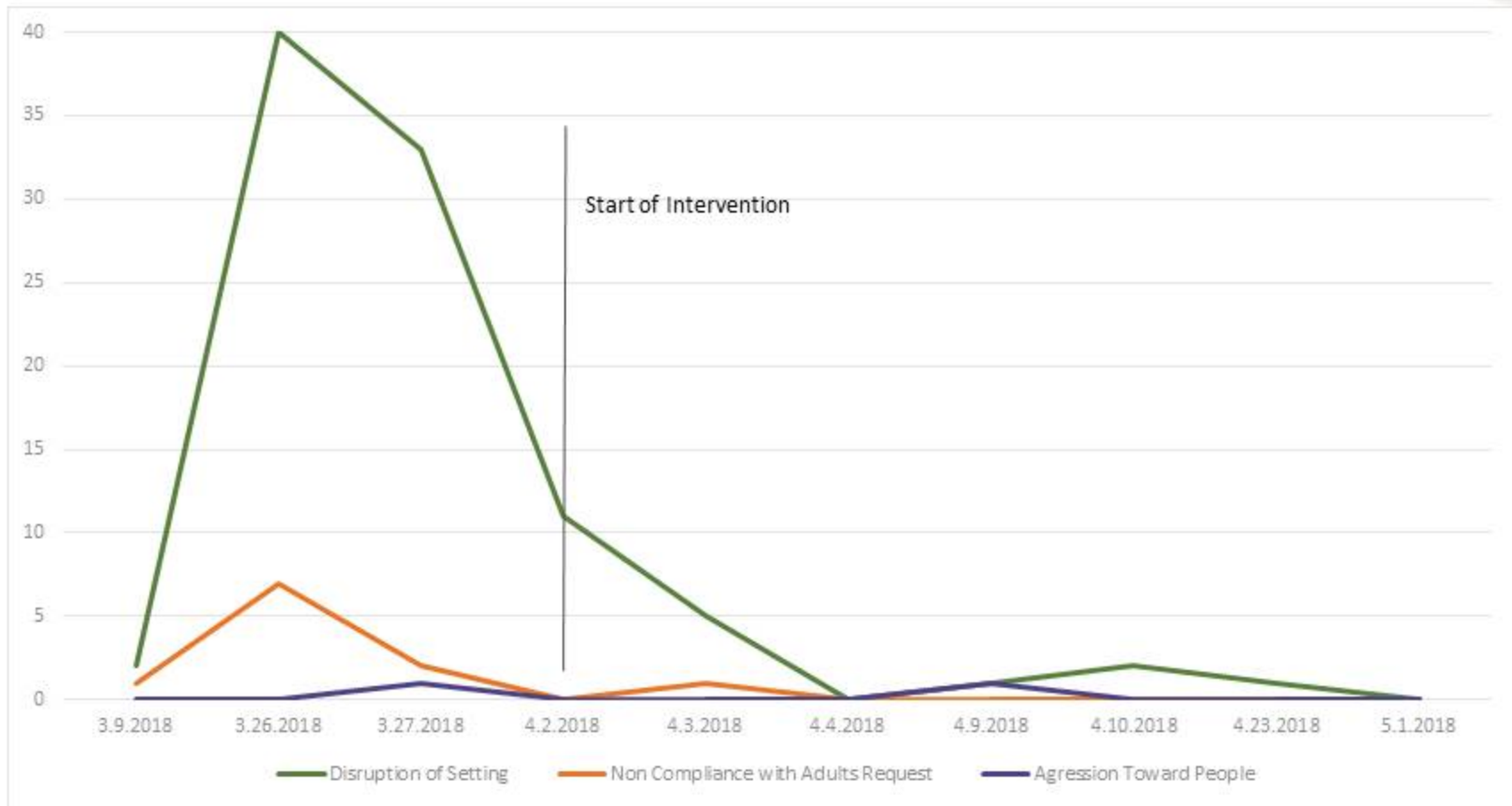


# Individual Child LI – 3<sup>rd</sup> Grade

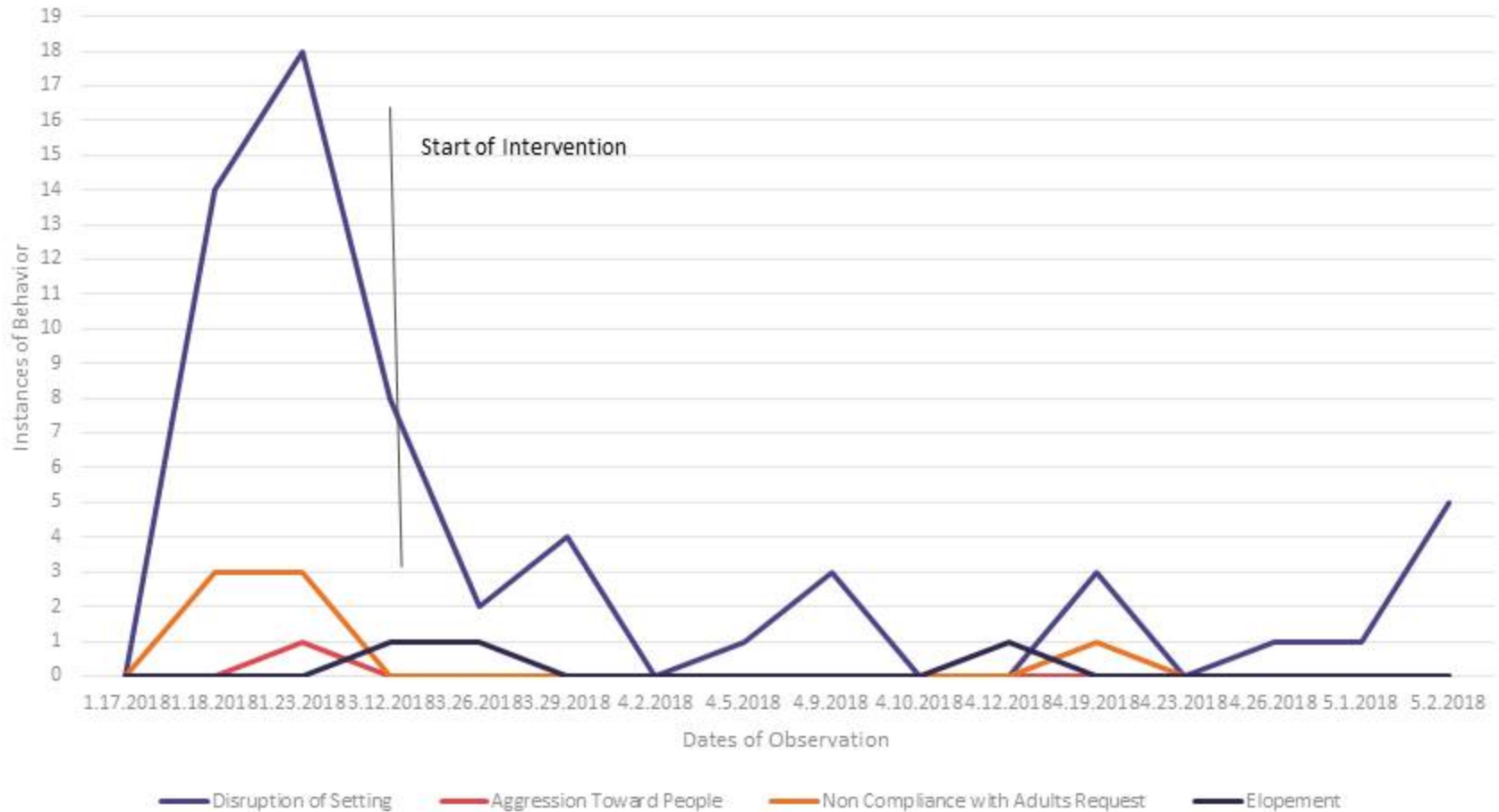
## Daily Elopement From Class



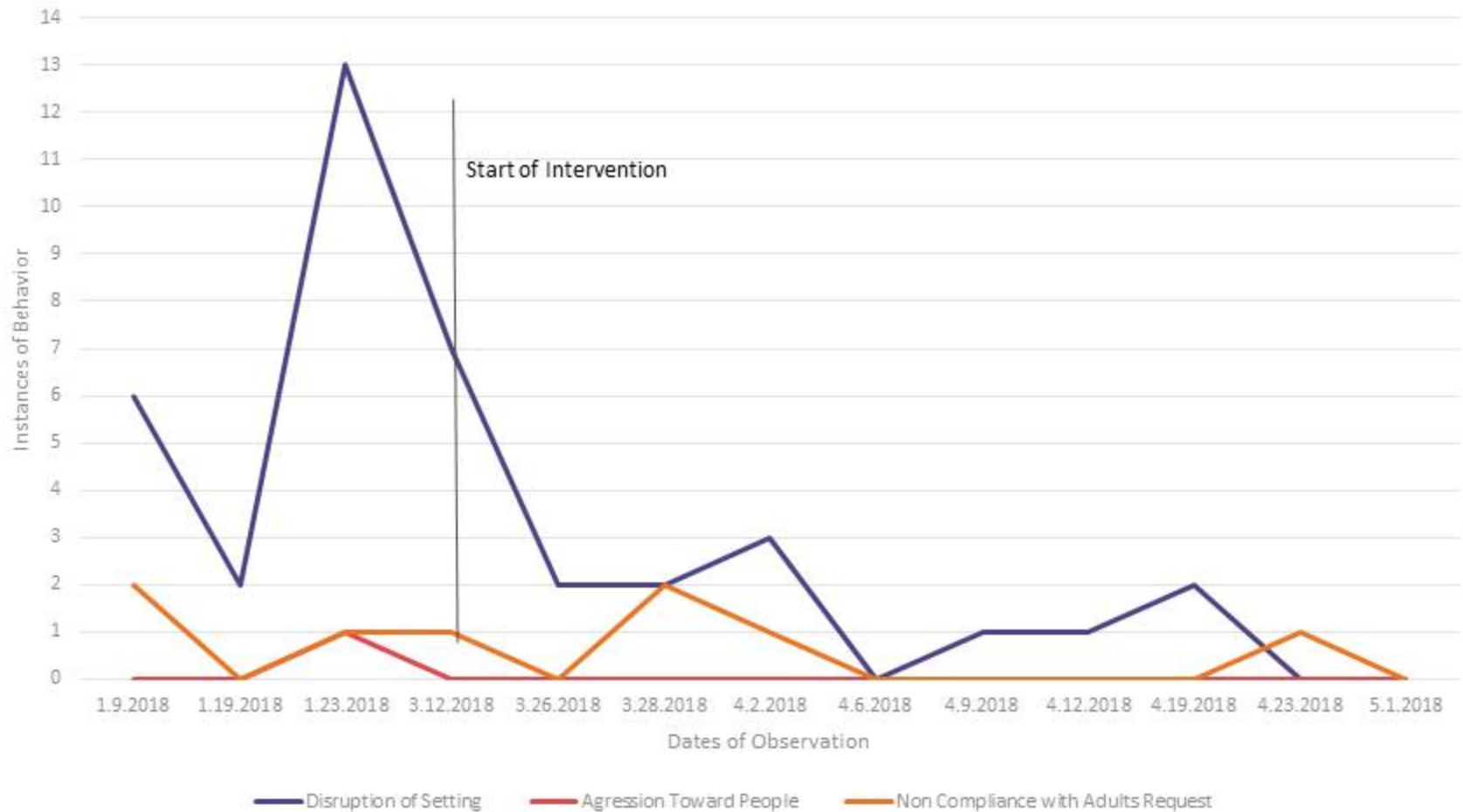
# Individual Child A.C. – 7<sup>th</sup> Grade



# Individual Child TB – 6<sup>th</sup> Grade



# Individual Child KH – 6<sup>th</sup> Grade





# OUTCOME DATA

# Academic Outcomes

## Growth in Reading Proficiency

